

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						09/1555987	APPLICANT(S)			
						6/9/04 CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/		51			
2	/				/		52			
3	/				/		53			
4	/				/		54			
5	/				/		55			
6	/				/		56			
7	/				/		57			
8	/				/		58			
9	/				/		59			
10	/				/		60			
11	/				/		61			
12	/				/		62			
13	/				/		63			
14	/				/		64			
15	/				/		65			
16	/				/		66			
17	/				/		67			
18	/				/		68			
19	/				/		69			
20	/				/		70			
21	/				/		71			
22					/		72			
23					/		73			
24					/		74			
25					/		75			
26					/		76			
27					/		77			
28					/		78			
29					/		79			
30					/		80			
31					/		81			
32					/		82			
33					/		83			
34					/		84			
35					/		85			
36					/		86			
37					/		87			
38					/		88			
39					/		89			
40					/		90			
41					/		91			
42					/		92			
43					/		93			
44					/		94			
45					/		95			
46					/		96			
47					/		97			
48					/		98			
49					/		99			
50					/		100			
TOTAL IND.	4	↓		↓	2	↓				
TOTAL DEP.	17	↓		↓	11	↓				
TOTAL CLAIMS	21	↓		↓	18	↓				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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